

SOUTH DAKOTA REAL ESTATE COMMISSION

Request for License Activation

PART A: To be completed by licensee activating

I hereby request that my real estate license be issued to the undersigned registered company and qualifying broker

Agent's Name (Please Print) _____ Signature of Agent _____

Home Address _____
Street Address _____ City _____ State _____ Zip Code _____

Mailing Address _____

E-mail Address _____ Home Phone No. _____

License No. _____ License Activation Date _____

PART B: To be Completed by Qualifying Broker

I accept the responsibility for the actions of the above licensee and give consent for licensee to do business with the company listed below:

Qualifying Broker's Name (Please Print) _____ Signature of Qualifying Broker _____

Company Name _____ Company License No. (If Firm has a separate license) _____

Company Street Address _____ City _____ State _____ Zip Code _____

Company Mailing Address _____

Company E-mail Address _____ Company Telephone Number _____

Date _____

RETURN TO: South Dakota Real Estate Commission – 221 W Capitol Ave Ste 101 – Pierre, SD 57501
PHONE: (605) 773-3600